



Department of Financial Aid

E060C
Mellencamp Hall, Room 162
P.O. Box 469
Milwaukee, WI 53201-0469
(414) 229-4541 phone / (414) 229-5699
Email: finaid@uwm.edu

TIME FRAME REVIEW FORM

NAME _____ ID# _____

ADDRESS _____ DATE _____

If you need additional semesters of aid consideration to graduate, and one or both of the following conditions exist, have your academic advisor (not a professor) complete the attached Academic Time Frame Review Form.

- 1. You have more than 12 transfer credits accepted at UWM, some of which do not apply towards your current academic major.
2. You have had a change in major that has increased the total number of credits you need to graduate. (A change of classification from AOC to an assigned major is NOT considered a change of major).

PLEASE DO NOT COMPLETE THE ATTACHED FORMS UNLESS YOU NEED ADDITIONAL SEMESTERS OF AID CONSIDERATION TO GRADUATE.
What is your expected graduation date?

Please complete the front side of this form. After your academic advisor has completed the attached form, return both forms to the Financial Aid Office, Mellencamp 162.

After your time frame review, the back of this form will be completed and returned to you.

After the time frame review, this side will be completed by the Financial Aid Office and returned to the student.

Per your request, we have reviewed your semesters of enrollment based on documentation from your academic advisor.

_____ We have granted you _____ additional semester(s) of enrollment for consideration of financial aid eligibility. Please keep in mind the number of semesters granted to you will be decreased each semester you enroll whether or not you receive aid.

_____ You have not been granted any additional semesters of enrollment for consideration of financial aid eligibility. However, if you wish to appeal your semester maximum status because of extenuating circumstances, you may meet with a financial aid advisor to file a formal appeal in the Financial Aid Office, Mellencamp 162.

_____ After counting your enrollment for _____, you have _____ semester(s) remaining for consideration of financial aid eligibility.

Completed by _____ Date _____

Academic Time Frame Review Form
(To be completed by academic advisor)

Student's Name _____

School ID# _____

The student listed above is requesting consideration for additional semesters of financial aid eligibility. **If the student has either transferred to UWM, changed majors, or both, then complete this form based on whichever change occurred last.**

The semester and year indicated below must reflect the semester and year listed in the Department of Enrollment Services database.

Use the semester and year the student last changed majors or transferred to UWM.

This new degree/major program began at UW-Milwaukee

Semester/Year

_____ **Remaining number of credits as of semester/year noted above that the student must complete for degree/major in order to graduate (include credits in-progress during the semester and year listed above).**

Note: Students are not eligible for additional semesters of financial aid based on having more than one major or for the purposes of repeating classes to raise their grade point average. Advisor calculations should be based on credits necessary to complete only one major.

Additional semesters of financial aid are not granted for a double major.

Comments:

Advisor's Name: _____ Email: _____ Phone: _____

Signature: _____ Dept.

_____ Date. _____

**Return forms to:
Financial Aid Office
Mellencamp Hall 162**